IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/624,039

Filing Date: July 21, 2003

Applicant: Kia et al.

Applicant. Ra ot a

Group Art Unit: 1711

Examiner: Rachel F. Gorr

Title: GEL COAT COMPOSITION

Attorney Docket: GP-301493 (8540R-000005)

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Communication

Sir:

Further to the submittal on August 30, 2005, Applicant respectfully submits "replacements" for three documents:

- 1. "Request for Continued Examination (RCE) Transmittal"
- 2. "Fee Transmittai"
- 3. "Petition for Extension of Time Under 37 CFR 1.136(a)"

Replacements are being submitted to correct the deposit account number to which the total amount of \$910 is to be charged.

Applicant requests that the replacement forms be made part of the file, and that the fees for the August 30, 2005, submittal be charged in full to Harness, Dickey & Pierce's Deposit Account No. 08-0750.

CONCLUSION

If the Examiner believes that personal communication will expedite prosecution of this application, the Examiner is invited to telephone the undersigned.

Respectfully submitted.

HARNESS, DICKEY & PIERCE, P.L.C. P.O. Box 828 Bloomfield Hills, Michigan 48303 (248) 641-1600

MAF/cq

Serial No. 10/624.039

SEP. 6.2005 4:19PM HARNESSDICKEYPIERCE 248-341-1310 NO.891 Request Application Number 10/824,039 For July 21, 2003 Filing Date Continued Examination (RCE) Kia et al. First Named Inventor Transmittal Address to: 1711 Art Unit Mail Stop RCE Commissioner for Patents Rachal F. Gorr Examiner Name P.O. Box 1460 Alexandria, VA 22313-1450 Attorney Docket Number GP-301493 (8540FI-000005) This is a Request for Continued Examination (RCE) under 37 CPR 1.114 of the above-identified application.

June 8, 1995,	or to any design application. See Instruction S	heet for R	CEs (not to be submitted to the USPTO) on page 2.					
amendmen instructs of	ibmission required under ST C.F.R. 1.114 its and amendments enclosed with the RCE witherwise. If applicant does not wish to have any n-entry of such amendment(s).	II be enter	the RCE is proper, any proviously filed unentered ad in the order in which they were filed unless applicant y filed unentered amendment(s) entered, applicant must					
a. Pre-	viously submitted, if a final Office action is out sidered as a submission even if this box is not	standing, a checked.	any amendments filed after the final Office action may be					
i. II.	Consider the arguments in the Appeal Bri	tef or Rep	y Brief previously filed on					
b. •⊠ En 1. ii	nclosed Amendment/Repty Affidavit(s)/Declaration(s)		☐ Information Disclosure Statement (IDS) ☑ Other Return Postcard Receipt					
2. Miß	cellaneous							
Suspension of ection on the above-identified application is requested under 37 O.F.R. 1.103(c) for a period of								
	The RCE fee under S7 C.F.R. 1.17(e) is require	d by 97 O.F	R. 1.114 when the RCE is fied.					
a. 🛭	The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No.08-0759							
l. II. 15. 🗖	SS RCE for required under 37 C.F.R. 1.17(9) for the total amount of \$790.00 Schoping of time fee (37 C.F.R. 1.17(9) for the total amount of \$790.00 Other And difficiency for a fee member under 37 C.F.R. 1.18 or 1.12 Check in the amount of \$							
∘.□	Payment by credit card (Form PTO-2008 enclosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2008.							

	SIGNATURE OF APPLICANT.	ATTORNEY, OH	AGENT MEG	MINEN		
Name (Print /Type)	Registrat	ion No. (Attor	41,028			
Signature	Mark A. Frencho	Date	Ŷ,	6/0	5	
	CERTIFICATE OF MA					
envelope addressed to:	correspondence is boling deposited with the Units Mail Stop RCE, Commissioner for Patents, P. O. Office on the date shown below.	ed States Postal Se Box 1450, Ajexand	rvice with auffic trie, VA 22313-	ient postage as 1450, or tacsim	first class mall in an ite transmitted to the	LI.9.
Name (Print/Type)	Mark A. Frentrup	Express Mail Label No.	VIA FACSIMILE			
	MI. LAC. X.	Date:	C~	1 / 1	~~~	

Signature of information is recassive by SCFR 1.14. This production is required to about 5.25 to 2.65 to 2.65

If you need assistance in completing the form, call 1-800-PTO-9199 and salect option 2.